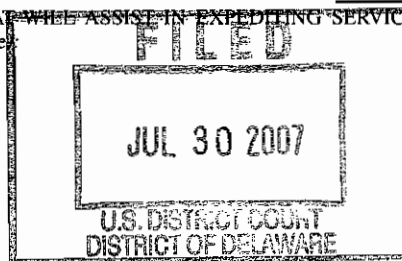


U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Thomas R. Miller</u>		COURT CASE NUMBER <u>Civ. NO. 06-349-GMS</u>	
DEFENDANT <u>Dr. Maggie Bailey, <del>MS Contractor</del></u>		TYPE OF PROCESS	
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Dr. Maggie Bailey State of Delaware</u>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>Delaware Correctional Center 1181 Paddock RD Smyrna Del 19977</u>		
<b>AT</b>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
<input type="checkbox"/> <u>Dr. Maggie Bailey</u>		Number of process to be served with this Form - 285	<u>B-1</u>
<input type="checkbox"/> <u>Delaware Correctional Center</u>		Number of parties to be served in this case	<u>2 B-1</u>
<input type="checkbox"/> <u>1181 Paddock RD Smyrna, Del 19977</u>		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service)  
Fold

Signature of Attorney or other Originator requesting service on behalf of: <u>Thomas R Miller</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>12-29-06</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>15</u>	District to Serve No. <u>15</u>	Signature of Authorized USMS Deputy or Clerk <u>BP</u>	Date <u>5-18-07</u>
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Judge Wood, Admin Spec I.A.</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above) <u>SAME</u>	Date of Service <u>7/26/07</u>	Time <u>3:30</u> <u>pm</u>
Signature of U.S. Marshal or Deputy <u>RPR</u> <u>COUSM</u>		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: